Attorney General Tom Miller Consumer Protection Division Hoover State Office Building 1305 E. Walnut, Des Moines, Iowa 50319 515-281-5926

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PROFESSIONAL COMMERCIAL FUND-RAISER REGISTRATION

Please notice that the registration requirement is only for <u>professional commercial fund-raisers</u> as defined in Iowa Code Chapter 13C. <u>Charitable organizations</u> as defined in this Chapter are not required to register.

Professional commercial fund-raisers must also complete the attached form, "Charitable Organization Financial Information Disclosure Form," for <u>EACH</u> charity for which you raise funds.

Instructions. To help us handle your registration:

- 1. Please download/print this form.
- 2. Please type or carefully print your responses. Answer all questions fully and correctly.
- 3. Include all required attachments (the contracts, if applicable, and the Charitable Organization Financial Information Disclosure Form) and a registration fee of \$10 made payable to State of Iowa. Attach additional pages if more space is needed to respond.
- 4. Return all of these forms to the Consumer Protection Division (address above).

PLEASE NOTE IMPORTANT OPEN RECORDS INFORMATION TOWARDS THE END OF THIS FORM.

	place of business:	•	office, chapter, branc	ii oi aiiiiiate. Iiit	neate the pr
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Form of business (Individual, Partnership, Business Corporation, Nonprofit Corporation, etc.)
Identify the state in which registrant is organized or incorporated
Date organized or incorporated
Full name, title, address and telephone number of each officer, director, partner or managing agent of the professional commercial fund-raiser:
Name, address, telephone number and title of the following person(s) for the professional commercial fund-raiser:
a. The contact person(s) for the professional commercial fund-raiser:
b. The person(s) responsible for the day-to-day operations of the professional commercial fundraiser:
c. The person(s) who directs and controls the activities of the professional commercial fundraiser:
d. The person(s) responsible for custody of the professional commercial fund-raiser's records:

	f. All persons managing or supervising fund-raising activities in or from Iowa:
7.	Has the professional fund-raiser or any of the persons listed in response to Numbers 5 or 6 ever been a party to any litigation, criminal or civil, involving claims of theft, fraud, unfair or deceptive trade practices, conversion, mismanagement of funds, breach of fiduciary duty, or any other claim involving alleged dishonesty?
	□Yes □No If yes, attach detailed explanation as to agency involved, date, court, claim and disposition. Attach copies of all complaints, petitions, settlement agreements, plea agreements, assurances, consent judgments, final judgments, convictions, and/or other agreements or orders resolving the matter.
8.	Name, address and telephone number of the registered agent for service of process in Iowa:
9.	Is the professional fund-raiser registered to solicit funds in other states?
	□Yes □No If yes, attach a list of all other states.
10.	Has the professional fund-raiser's right to solicit funds ever been denied, suspended, revoked or enjoined by any state or by any court, or are there any such proceedings pending?
	□Yes □No If yes, attach a detailed explanation.
1.	Has the professional fund-raiser been the subject of a legal, administrative, or other proceeding regarding any solicitation or registration as a solicitor or fund-raiser? If so, state the date, location and nature of each such proceeding and the outcome of the proceeding.
12.	Does the professional fund-raiser have custody of or access to contributions from a solicitation a
. 2.	any time?
	□Yes □No
3.	Does registrant anticipate that any of the services it will provide to charitable organizations will be provided by another entity under a subcontractor arrangement?
	□Yes □No If yes, please identify the charity and the subcontractor below: (Attach a list if more room is needed.)

Charity		Subcontractor Name & Address		
Is regis	strant's contract with subcontractor file	ed with the office of the Iowa Attorney General?		
	□Yes □No □Attached			
14.	Complete a Financial Information Di will be soliciting money in or from I	isclosure form for each charitable organization for which you owa.		
Note:	If additional contracts are entered int of the new contract at that time.	to after the filing of this registration statement, submit a copy		
Note:	All information and documentation provided as part of this registration, including this form are public records and all or some may be open to public inspection pursuant to the Iowa public records law, Iowa Code chapter 22, and the Iowa Attorney General's Administrative Rules relating to public records, 61 IAC chapter 2.			
		<u>SIGNATURE</u>		
true an	I hereby certify that I am authorized d complete to the best of my knowled	to sign this Registration and that the information provided is ge.		
Date_				
		Name (Print)		
		Title		
		Signature		
State o	f			
County	/ of			
Signed	and sworn to (or affirmed) before me	on(date) by		
-		(names of person(s) making statement).		

(Seal)		
	(Signature of Notary Public)	
	My commission expires	